

**January 5, 2006**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Practitioners, EPSDT, Podiatrists, Dentists, Public Health Clinics and Psychiatrists**

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### **Increased Reimbursement for EPSDT Preventive Services**

Montana Medicaid has initiated a project to improve provider awareness of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program and the comprehensiveness of the Well Child Screen. Effective January 1, 2006, an enhanced fee will be added to the reimbursement for Well Child Screens. The following codes have been updated in the Medicaid claims system:

- Reimbursement for CPT codes 99381-99384 and 99391-99394 has increased by \$14.99 per visit.

The Department will be conducting random audits of medical records to ensure that the screens provided meet the expectations defined in the EPSDT section of the physician provider manual. Included with this notice is a Well Child Screen recommendation chart. These charts also can be found at [www.mtmedicaid.org](http://www.mtmedicaid.org) in the physician manual or under "Forms."

EPSDT is the federally sponsored, comprehensive health care benefits package for Medicaid-enrolled children. It helps families get early identification and treatment of medical, dental, vision, mental health and developmental problems for their children. All Medicaid families are encouraged to use these services.

The foundation of Well Child EPSDT is the Well Child Screen. These screens should begin as early as possible in a child's life or as soon as the child is enrolled in Medicaid. The Well Child EPSDT program's Well Child Screens are based on a periodicity schedule established by medical, dental and other health care experts, including the American Academy of Pediatrics.

### **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**

**Well Child Screen Recommendations**

Child's Name \_\_\_\_\_ Child's SSN \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's SSN \_\_\_\_\_

Well Child Screen component		Age requirements	Date completed
<b>A.</b>	<b>Initial/Interval History</b>		
	Developmental history	all ages	
	Nutritional history	all ages	
	Complete dental history	all ages	
<b>B.</b>	<b>Assessments</b>		
	<b>Appropriate developmental screen</b>		
	motor	all ages	
	social	all ages	
	cognitive	all ages	
	speech	all ages	
	<b>Nutritional Screen</b>	all ages	
	<b>Age Appropriate Risk Assessment Screen</b>		
	Emotional	all ages	
	Risky behaviors	all ages	
	Blood Lead	all ages	
	TB	all ages	
<b>C.</b>	<b>Unclothed Physical Inspection</b>		
	Height/weight	all ages	
	Head circumference	newborn through 2 years old	
	Standard body systems	all ages	
	Check for signs of abuse	all ages	
	Blood pressure	3 years on	
<b>D.</b>	<b>Vision Screen</b>		
	External inspection for gross abnormalities or obvious strabismus	all ages	
	Gross visual acuity with fixation test	birth to 2 years	
	Light sensation with papillary light reflex test	birth to 2 years	
	Observation and report of parent	birth to 2 years	
	Examination of red reflex	all ages	
	Alternate cover test	2 years to 5 years	
	Corneal light reflex	2 years to 5 years	
	Visual acuity using the Illiterate Snellen E chart (or similar)	4 years and over	
	Color discrimination on all boys (once)	5 years and over	
<b>E.</b>	<b>Hearing Screen</b>		
	History, physical and developmental assessment	all ages	
	Middle ear exam by otoscopy	all ages	
	Administration of high risk criteria	6 months OR 2 years	
	Assess hearing capability	6 months OR 2 years	
	Administration of puretone audiometry	5 years and over	
<b>F.</b>	<b>Laboratory Tests (use medical judgment and risk assessment to determine need EXCEPT for blood lead)</b>		
	Hematocrit or hemoglobin	9-15 months if indicated by risk assessment	
	Urinalysis	if indicated by risk assessment	
	Tuberculin	if indicated by risk assessment	

	Cholesterol	if indicated by risk assessment and age appropriate (8 - 14)	
	Hereditary/metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)	newborn	
	Blood lead	12 and 24 months and other ages if at risk	
	STD screening	sexually active adolescents	
	Pap smear	sexually active adolescents	
	Other tests as needed		
<b>G.</b>	<b>Immunizations (the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP); if the committee has released an updated schedule, that schedule supercedes this one)</b>		
	Hepatitis B (Hep B)	1 at birth, 2nd by 4 months, 3rd between 6-18 months, and "catch up" at any time	
	Diphtheria, tetanus, pertussis (DTaP)	2 mos, 4 mos, 6 mos, 15-18 mos, 4-6 years	
	H. influenza type b (Hib)	2 mos, 4 mos, 6 mos, 12-15 mos	
	Inactivated polio (IPV)	2 mos, 4 mos, 6-18 mos, 4-6 years	
	Pneumococcal conjugate (PCV)	2 mos, 4 mos, 6 mos, 12-15 mos	
	Measles, mumps, rubella (MMR)	12-15 mos, 4-6 years, "catch up" any time	
	Varicella (Var) (if given after 12 years, 2 doses separated by 1 month should be given)	12-18 mos, "catch up" any time	
	Tetanus (Td)	11-12 years, then every 10 years	
<b>H.</b>	<b>Dental Screen (to be done by medical health provider)</b>		
	Counseling on oral hygiene	all ages	
	Counseling for non-nutritive habits (thumb-sucking, etc.)	through age 6 years	
	Initial/interval dental history	all ages	
	Oral inspection of mouth, teeth, gums	all ages	
<b>I.</b>	<b>Discussion and Counseling/Anticipatory Guidance</b>		
	Address needs and topics appropriate for age level per risk assessment	all ages	